

NATIONAL CREDIT UNION ADMINISTRATION
1775 Duke Street
Alexandria, VA 22314-3428



NATIONAL CREDIT UNION ADMINISTRATION

2000

REPORT OF OFFICIALS

TO ALL FEDERALLY INSURED CREDIT UNIONS:

Enclosed is the Report of Officials and the Security Devices Compliance Statement for the current year. The Report of Officials should be completed promptly after the election of the officers and committee members following the annual meeting. Provide complete addresses, including zip codes, for executive officers and committee chair persons; provide at least city and state for other directors and committee members. The Compliance Statement must be signed by the President of the Board (Chairperson).

We encourage you to use the electronic version of the form which is enclosed. Follow the enclosed instructions, and send the completed electronic form on disk to your NCUA Regional Office. If you use the electronic version, be sure to print and retain a copy for your credit union's permanent files. We suggest that you also send a copy to the NCUA Regional Office in case the disk becomes damaged. If you complete the paper version, send two copies to your NCUA Regional Office in the enclosed envelope and retain a copy for your credit union's permanent files. Please note that either method is acceptable.

Section 111 of the Federal Credit Union Act (12 U.S.C. 1761) and Section 741.6 of the NCUA Rules and Regulations require that a record of the names and addresses of federally insured credit union officials be filed with NCUA within 10 days after their election or appointment. This form is furnished to facilitate this reporting. Public reporting of this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection information, including suggestions for reducing this burden to:

National Credit Union Administration
Office of Administration
1775 Duke Street
Alexandria, VA 22314-2428

AND TO

Office of Management and Budget
Paperwork Reduction Project
Washington, DC 20503

TWO COPIES OF THIS REPORT OR THE ELECTRONIC EQUIVALENT MUST BE FILED WITH THE REGIONAL DIRECTOR OF THE NCUA NO LATER THAN TEN (10) DAYS AFTER THE ANNUAL MEETING. REPORT ANY CHANGES IN ADDRESS PROMPTLY TO THE NCUA REGIONAL OFFICE.

NATIONAL CREDIT UNION ADMINISTRATION REGIONAL OFFICES

Region I (Albany)

National Credit Union Administration
9 Washington Square
Washington Avenue Extension
Albany, NY 12205
(518) 862-7400

Connecticut

Maine

Massachusetts

New Hampshire

New York

Rhode Island

Vermont

Region II (Capital)

National Credit Union Administration
1775 Duke Street, Suite 4206
Alexandria, VA 22314-3437
(703) 519-4600

Delaware

District of Columbia

Maryland

New Jersey

Pennsylvania

Virginia

Region III (Atlanta)

National Credit Union Administration
7000 Central Parkway, Suite 1600
Atlanta, GA 30328
(678) 443-3000

Alabama

Arkansas

Florida

Georgia

Kentucky

Louisiana

Mississippi

North Carolina

Puerto Rico

South Carolina

Tennessee

Virgin Islands

Region IV (Chicago)

National Credit Union Administration
4225 Naperville Road, Suite 125
Lisle, IL 60532-3658
(630) 955-4100

Illinois

Indiana

Michigan

Missouri

Ohio

West Virginia

Wisconsin

Region V (Austin)

National Credit Union Administration
4807 Spicewood Springs Road, Suite 5200
Austin, TX 78759-8490
(512) 342-5600

Arizona

Colorado

Iowa

Kansas

Minnesota

Nebraska

North Dakota

Oklahoma

South Dakota

Texas

Region VI (Pacific)

National Credit Union Administration
2300 Clayton Road, Suite 1350
Concord, CA 94520
(925) 363-6200

Alaska

American Samoa

California

Guam

Hawaii

Idaho

Montana

Nevada

Oregon

Utah

Washington

Wyoming

I appreciate your cooperation and assistance in making certain that the required report is submitted timely.

Sincerely,

NORMAN E. D'AMOURS, CHAIRMAN
NATIONAL CREDIT UNION ADMINISTRATION



2000 REPORT OF OFFICIALS

FOR NCUA USE

Examiner

Charter/Insurance No. _____

Credit Union Name _____

Mailing Address _____

☐

CHECK BOX IF THIS
IS A NEW ADDRESS.

Office Location _____

City

State

Zip

County _____

Area Code/Telephone Number _____

City

State

Zip

Fax Number _____

Date of this year's annual meeting _____ / _____ / _____

Office Hours _____

Manager (CEO) _____

☐ Full Time

☐ Part Time

Credit Committee

☐ None

☐ Elected

☐ Appointed

BOARD OF DIRECTORS		SUPERVISORY & CREDIT COMMITTEES	
Name and Address	Account Number	Name and Address	Account Number
President of the Board (Chairperson)		Supervisory Committee Chairperson	
E-Mail Address: Home Phone: Work Phone:		E-Mail Address: Home Phone: Work Phone:	
Vice President of the Board (Vice-Chair)		Supervisory Committee Member	
E-Mail Address: Home Phone: Work Phone:		E-Mail Address:	
Principal Financial Officer (Treasurer)		Supervisory Committee Member	
E-Mail Address: Home Phone: Work Phone:		E-Mail Address:	

BOARD OF DIRECTORS		SUPERVISORY & CREDIT COMMITTEES	
Board Member		Supervisory Committee Member	
E-Mail Address:		E-Mail Address:	
Board Member		Supervisory Committee Member	
E-Mail Address:		E-Mail Address:	
Board Member		Credit Committee Chairperson	
E-Mail Address:		E-Mail Address:	
Board Member		Credit Committee Member	
E-Mail Address:		E-Mail Address:	
Board Member		Credit Committee Member	
E-Mail Address:		E-Mail Address:	
Board Member		Credit Committee Member	
E-Mail Address:		E-Mail Address:	
Board Member		Credit Committee Member	
E-Mail Address:		E-Mail Address:	

STATEMENT OF COMPLIANCE – MINIMUM SECURITY DEVICES AND PROCEDURES

I hereby certify to the best of my knowledge and belief that this credit union has developed and administers a security program that equals or exceeds the standards prescribed by Section 748.0 of the NCUA Rules and Regulations; that such security program has been reduced to writing, approved by this credit union's Board of Directors, and has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of the credit union's offices.

President of the Board (Chairperson) _____ Date _____
 Signature